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**STATE OF SOUTH DAKOTA**  
**S.D. SEC. OF STATE**  
**Statement of Legal Newspaper Ownership and Circulation**

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>Dakota Dunes/North Sioux City Times</i>		2. DATE <i>10-1-07</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>20, \$22, \$30 + tax</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>Po Box 1340 North Sioux City SD 57049-1340</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>126 Forest Ave. Vermillion SD 57069</i>		
6. FULL NAME OF PUBLISHER: <i>Bruce L. Odson</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME <i>Bruce L. Odson</i>		COMPLETE MAILING ADDRESS <i>126 Forest Ave Vermillion SD 57069</i>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. <i>NONE</i>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run)		<i>1000</i>
B. PAID AND/OR REQUESTED CIRCULATION		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
1. Sales through dealers and carriers, street vendors and counter sales.		<i>113</i>
2. Mail Subscription (Paid and or requested)		<i>501</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		<i>614</i>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		<i>23</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>637</i>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing		<i>276</i>
2. Return from News Agents		<i>87</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)		<i>1000</i>
1000		

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

*Bruce Odson*  
(Signature)

*Publisher*

(Title)

State of South Dakota )  
County of Union ) \$

Sworn to before me this 31 day of Dec, 2007  
*Susan Odson*  
Notary Public

My commission expires: 6-21-11

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(Signature)

*Publisher*

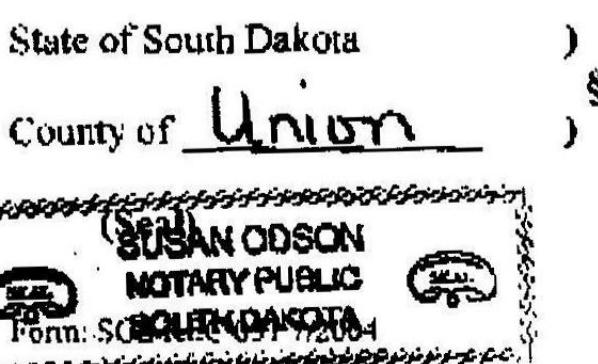
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Sworn to before me this 31 day of Dec, 2007

*Susan Odson*

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My commission expires: 6-21-11



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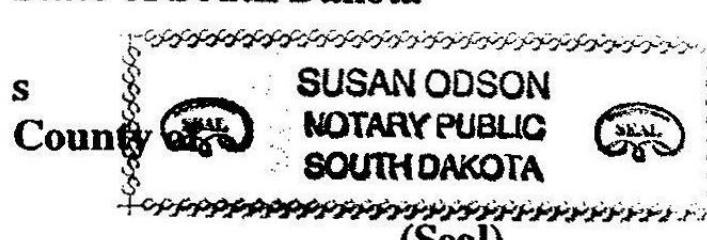
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State of South Dakota



Sworn to before me this 1 day of

October, 2007

Susan Odson

Notary Public

My commission expires 6-21-11